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CONFIRMATION NO. 1070

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/642,450 08/18/2000 PAT 6,482,235  
 and claims benefit of 60/298,605 06/14/2001

Yes (JL)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/19/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	12	47	6
Verified and Acknowledged	Examiner's Signature <i>Wm. J. Lee</i> Initials <i>JW</i>				

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## TITLE

Intervertebral diagnostic and manipulation device

 All Fees